

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # N97000005011

1. Entity Name
HAMILTON COUNTY RIDING CLUB, INC.



Principal Place of Business
**LYNN LAKE ROAD
JASPER, FL 32052 US**

Mailing Address
**P.O. BOX 907
JASPER, FL 32052 US**



04292007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3480536

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PARALEGAL & ATTORNEY SERVICE BUREAU, INC.
1406 HAYS ST
SUITE 2
TALLAHASSEE, FL 32031**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when rechartering)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**P
KINSEY, JAN
LOCH LAUREL RD
LAKE PARK, GA 31636**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**VP
FATMON, CINDY
HATLEY ST
JASPER, FL 32052**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**T
ROWE, CAROL L
4941 NW 44TH ST
JENNINGS, FL 32053**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**S
LAW, TERRI
LOCH LAUREL RD
LAKE PARK, GA 31636**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

000000760283
05/25/07-80005-022 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carol L. Rowe* **Carol L. Rowe**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/07 **229-671-2023**